

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/11/2011	
NAME OF PROVIDER OR SUPPLIER BEARDSLEY HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 27833 CR 24 ELKHART, IN46517			
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R0000	<p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on June 16, 2011.</p> <p>Survey dates: August 10-11, 2011</p> <p>Facility number: 004353 Provider number: 004353 AIM number: N/A</p> <p>Survey team: Honey Kuhn, RN-TC</p> <p>Census bed type: Residential: 23 Total: 23</p> <p>Census payor type: Other: 23 Total: 23</p> <p>Sample: 3</p> <p>These residential findings were cited in accordance with 410 IAC 16.2-5</p> <p>Quality review completed on August 16, 2011 by Bev Faulkner, RN</p>			R0000	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by this facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. We respectfully request that this 2567 Plan of Correction be considered our Letter of Credible Allegation, on or after September 23, 2011..</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0006	<p>(f) The resident must be discharged if the resident:</p> <p>(1) is a danger to the resident or others;</p> <p>(2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight;</p> <p>(3) requires less than twenty-four (24) hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident's choice to provide those services;</p> <p>(4) is not medically stable; or</p> <p>(5) meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident's needs:</p> <p>(A) Requires total assistance with eating.</p> <p>(B) Requires total assistance with toileting.</p> <p>(C) Requires total assistance with transferring.</p> <p>Based on observations, record review and interviews, the facility failed to ensure discharge of a resident requiring 24-hour per day comprehensive nursing care related to wandering, incontinence, and infection control for 1 of 1 resident reviewed related to comprehensive nursing care needs in a sample of 3. (Resident #5)</p> <p>Finding includes:</p> <p>The record of Resident #5 was reviewed on 08/10/11 at 1:55 p.m. Resident #5 was admitted to the facility on 11/07/08 with diagnoses including, but not limited to:</p>			R0006	<p>R006 Scope of Residential Care – Discharge of Resident What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Upon noting of the concerns pertaining to resident #5 the facility staff further consulted with the resident's physician and family. The resident was examined via the emergency room on two occasions and updated treatments put in place. Labs were obtained. Results verified the resident was not Cdif positive. Medications were also adjusted as thought to be part of the cause for her loose stools. The facility also updated the</p>		09/16/2011

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	<p>dementia, hypertension, osteoporosis, anxiety, and recurrent UTI's (urinary tract infections). The resident had a history of C-diff (Clostridium Difficile: infection found in feces). Review of Resident #5's MAR (Medication Administration Record) indicated current medications including, but are not limited to, Flagyl 250 mg TID (three times daily) for history of C-diff.</p> <p>Resident #5 was observed, on 08/10/11 between 10:00 a.m. and 3:45 p.m., and on 08/11/11 between 8:30 a.m. and 11:15 a.m., wandering in the common areas and requiring frequent redirection. Resident #5 was observed during lunch on 08/10/11 and 08/11/11 requiring supervision for eating.</p> <p>Review of "Resident Services Notes, dated 06/15/11-08/04/11, indicated: "06/15/11: Was found in hallway c (with) pants down and attempting to defecate-redirected to room and CNA (Certified Nurses Assistant) toileted." "06/21/11 3 p.m. As above and CNA and writer gave shower to resident p (after) she smeared BM (bowel movement) all over." "07/07/11 1330 (1:30 p.m.) Assessed per nurse. Resident w (with) dementia et (and) loose stools-strong odor. Health issues d/t (due to) takes clothes off et</p>			<p>resident's plan of care to address issues of incontinence and wandering including use of one-piece clothing to limit resident's ability to disrobe or defecate inappropriately. . The facility staff are monitoring the resident, in cooperation with the physician and attending third party care providers. Resident #5 will also be seen by a Gastro-Intestinal (GI) specialist in September. The physician has also reviewed the resident's medications and is arranging for a psych consult to further address treatment plan for her anxiety and wandering. The Residence Director (administrator) is in regular conversation with the resident's daughter who is the assigned power of attorney to review care plan and discuss ongoing long term plans. It is the resident and family's wishes to remain in the facility as long as possible, but they are exploring placement in a dementia specific unit. The facility is reserving the right to issue an involuntary discharge if the resident's care needs can not be adequately managed with the assistance of physician, staff, family and third party services. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? There are currently no other residents in the care of the facility that meet the</p>			

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	<p>(and) feces on floors & chairs. Call to (resident's physician) for C-diff order et tx (treatment). Nurse informed staff to ask family for clothing (one piece) so she can't pull down when out in public areas."</p> <p>"07/12/11 Res (resident) went to the hospital for possibility of C-diff."</p> <p>"07/20/11 Order rec'd (received) for Immodium (anti-diarrhea medication) for diarrhea from (physician's name)."</p> <p>"07/21/11 (Corporate Physician's name) in and examined resident."</p> <p>"08/05/11 C-diff culture neg."</p> <p>"08/09/11 Doing much better. Stools are of a mushy consistency more often. Less loose stools. Will be going to a GI (gastro-intestinal) specialist in Sept.)"</p> <p>Review of a "SHORT TERM MONITOR/CHANGE OF CONDITION REPORT", indicated:</p> <p>"07/12/11 Chronic diarrhea with multiple involuntary stools throughout the building as she disrobes at times.</p> <p>Interventions Initiated: Orders, Treatments, Meds, Diet, Staff Direction/Documentation Instructions:</p> <ol style="list-style-type: none"> 1. Vancomycin-Administer as ordered. 2. Avoid dairy products but offer fluids on a regular schedule. 3. Double brief (underwear) her to avoid leakage. 4. Daughter to obtain with fasteners in the back to prevent disrobing. 		<p>care criteria requiring discharge. If a resident should develop a health concern that may be infectious in nature the facility will consult with physician, obtain labs, treatment orders if needed and limit resident activity to their room and non public areas as an infection control intervention until concern is resolved. The facility regularly reviews and updates each resident's plan of care. A licensed nurse conducts assessments using a "Resident Assessment Tool" and works in cooperation with the resident, family, physician and third party care providers to best meet the needs of the resident. If the resident's needs exceed the scope of care the facility will seek voluntary alternate placement for the resident or issue an involuntary 30-day discharge notice. What measures will be put into place or systemic changes made by the facility to ensure that the deficient practice does not recur? The facility will continue with its system of having the nurse regularly assess each resident quarterly or at change of condition. Care concerns will be relayed to physician and family and facility staff will monitor via use of "Short Term Health Monitor" form. Care plan will be updated as needed and physician evaluation or new treatment orders obtained as needed. Staff will review daily (M-F) any care</p>		

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	<p>5. Turn clothing with fasteners in the back to prevent disrobing.</p> <p>6. Use psychotropic medication on a regular basis rather than PRN so that there is a blood level in order to achieve control of her anxiety.</p> <p>7. Keep fingernails short and clean.</p> <p>8. Use hand sanitizer on her hands prior to her coming into the commons area or dining room.</p> <p>9. Wash her hands frequently."</p> <p>Review of "Resident Services Notes" with notation "Medical Director" (Corporate Physician: Milwaukee, WI), indicated: "07/15/11 Conference call today c pt's (patient) POA (Power of Attorney), ALC (Assisted Living Concepts: Corporation name) Division VP (Vice President), myself, ALC Regional Nurse, ...re: pt condition. I visited c pt & staff & reviewed entire record, MAR (Medication Administration Record) some notes, & verbally interviewed virtually entire house staff about situation this a.m. before call....fact that pt issues have resulted in a long-term community wide public health threat in terms of stools being deposited & handled by res in public areas, whether or not she has C-diff is immaterial. Fact that pt having bloody stools also mentioned. POA continues to voice desire for resident to die by being kept comfortable & s (without) tests or treatments or MD visits</p>		<p>changes via morning meeting and Care Communication Log Book. The facility will notify the Regional Director of Operations and/or the Regional Director of Quality and Care Management of a resident with the presence of a condition that could pose a danger to him/herself and/or others. A plan will be put in place with the staff, resident, if able, and responsible party to address the situation. If a solution is not effective, the resident will be discharged to the appropriate setting. How will the corrective action be monitored to ensure the deficient practice will not recur? The Residence Director and Wellness Director will oversee the monitoring of current residents and care systems. Concerns will be addressed promptly and per facility policy and procedures. The Residence Director and/or Wellness Director will further review via monthly quality care report and at the facility's required quarterly Q.A.&A. meeting. This oversight will be ongoing.</p>		

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	<p>oo (out of) facility...."</p> <p>A detailed plan of action was written by the Corporate Physician, including but not limited to:</p> <p>"...6. That the following steps must be followed c 100% compliance & agreement by POA or #7 will be advised:</p> <p>a) Prompt GI consultation (in their office) within 2 weeks.</p> <p>b) 100% compliance c any diagnostic test, blood or stool tests...& 100% compliance....to resolve this problem & the public health threat caused by it.</p> <p>c) That POA/family comply 100% c any reasonable environmental accommodations that ALC staff (or consultants) advise to treat pt's condition...)</p> <p>d) That POA/family is 100% compliant c accepting any meds for tx of the GI issue..."</p> <p>"7. Otherwise, our strong recommendation & plan is for pt to be given Notice of Discharge & that she be discharged to a care setting that can accommodate her special needs along c POA/family's wishes."</p> <p>The record of Resident #5 did not contain documentation to indicate monitoring of the recommendations or information in regards to POA/family compliance.</p> <p>Confidential staff interviews were on</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>08/10/11 between 10:00 a.m. and 3: 45 p.m. and on 08/11/11 between 8:30 a.m. and 11:15 a.m., with facility staff, including both direct and indirect care givers.</p> <p>Employee #2 indicated the RD (Resident Director) did not pursue the discharge of Resident #5.</p> <p>Employee #6 indicated the facility provides assistance with two baths or showers per week and Resident #5 requires a minimum of 4 to 6 per week.</p> <p>Employee #7 indicated Resident #5 continues to wander into other resident's rooms.</p> <p>Employee #8 indicated Resident #5 requires more care than any other resident, additional hygiene and/or showers, and smears stools.</p> <p>Confidential interviews, on 08/10/11 between 2:00 p.m. and 3:00 p.m. were done with resident family member "B" and with an alert and oriented resident "C".</p> <p>Family Member "B" indicated the facility has several residents who wander. Resident #5 was named by Family Member "B" as being a constant problem in comparison to other residents who are "harmless" and Resident #5 wanders into resident rooms and is known to defecate on other residents furniture, floor, and personnel belongings.</p>						

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	<p>Resident "C" indicated the facility has several residents who wander about. Resident "C" indicated Resident #5 wanders into resident rooms and constantly needs to be redirected.</p> <p>The Resident Director (RD) was interviewed on 08/11/11 at 10:45 a.m. The Director provided information the facility gave the POA a Notice of Transfer/Discharge on 07/12/11, when Resident #5 was sent to ER for the C-diff testing. The RD indicated the Transfer/Discharge was not pursued as the C-diff test was negative. The RD indicated the facility had not pursued further Transfer/Discharge or made any attempts to assist in discharge planning for Resident #5.</p> <p>Review of the Admission Packet included a copy of the "State of Indiana Residency Agreement (Private Pay) 02/2008" packet which indicated:</p> <p>"SECTION II-RIGHTS AND RESPONSIBILITIES...</p> <p>2. SHARED RESPONSIBILITY...The parties will also identify the resident's needs that will not be met by the Residence; assess the potential harm resulting from those unmet needs or preferences; and identify the agreed upon</p>						

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	<p>courses of action to address the unmet needs and preferences and each party's responsibility."</p> <p>"SECTION IV-TERMINATION OF THE RESIDENCY AGREEMENT.....</p> <p>2. BY THE RESIDENCE. The Residence may terminate this Agreement upon thirty (30) days written notice to You for one or more of the following reasons:...</p> <p>b. Your safety or the safety of others in the Residence is endangered;</p> <p>c. Your health or the health of others in the Residence would otherwise be endangered;...</p> <p>The Residence may terminate this Agreement with less than thirty (30) days notice in the following circumstances:...</p> <p>b. The health or safety of individuals in the Residence would otherwise endangered;..."</p> <p>This residential state finding was cited on 6/16/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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R0121	<p>(f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on record review and interview, the facility failed to ensure a second step TB</p>			R0121	R 121 – Personnel – Mantoux Screen What corrective action will be accomplished for those		09/23/2011

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	<p>(tuberculosis) test was administered to 1 of 1 new employees reviewed for immunization status for employment. This deficiency affected 1 of 1 employees who were reviewed for TB testing.</p> <p>Findings include:</p> <p>The Residential Director (RD), DOH (Date of Hire), 04/13/11, "Immunization and Tuberculosis Testing Consent and Record" was reviewed on 08/10/11 at 3:30 p.m. The record indicated the RD received a first step TB test on 04/13/11. The record indicated a 2nd step had not been administered. There was no evidence to indicate the RD received a TB test between 04/2010 and 04/2011.</p> <p>Interview with the Regional WD (Wellness Director: RN) on 08/10/11 at 11:00 a.m., indicated the RD was directed to get a 2nd step TB test in June 2011.</p> <p>Interview with the RD, on 08/11/11 at 11:30 a.m., indicated he had not had time to pursue getting the 2nd step TB test. The RD did not provide a policy and procedure for TB testing.</p> <p>This state residential finding was cited on 6/16/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>residents found to have been affected by the deficient practice? The Residence Director received a 2nd step Mantoux test. He was negative.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The facility audited current staff health records to ensure that each current employee had received the required TB Mantoux tests at time of hire and yearly renewal. Identified concerns were promptly addressed. The Residence Director has also arranged for licensed nurses to receive certification so they can administer and read Mantoux TB tests. What measures will be put into place or systemic changes made by the facility to ensure that the deficient practice does not recur? The Wellness Director or licensed nurse will ensure that new staff members receive a 2 step Mantoux test. The first step must be read prior to resident contact. The Residence Director will track the required Mantoux TB testing using a corporate tracking log to ensure that tests are completed timely for new hires and that the required yearly Mantoux TB test is also completed for ongoing current staff. Also as noted the facility's Residence Director has</p>		

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R0407	<p>(b) The facility must establish an infection control program that includes the following:</p> <p>(1) A system that enables the facility to analyze patterns of known infectious symptoms.</p> <p>(2) Provides orientation and in-service education on infection prevention and control, including universal precautions.</p> <p>(3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.</p> <p>(4) Reporting communicable disease to public health authorities.</p> <p>Based on record reviews and interviews, the facility failed to ensure staff inservices on infection control included information on Clostridium Difficile (C-diff) treatment</p>		R0407	<p>arranged for the licensed nursing staff to receive their TB certification and training so the facility can administer and read Mantoux TB tests on site. How will the corrective action be monitored to ensure the deficient practice will not recur? The Regional Director of Quality and Care Management will complete a check of new staff personnel folders for evidence of completion of Mantoux testing at each house visit every 30-45 days for 3 visits. The Residence Director will maintain the required tracking log. This log will also be reviewed at facility's quarterly Q.A.&A meeting. This oversight will be ongoing.</p> <p>R 407 – Infection Control Program What corrective action will be accomplished for those residents found to have been affected by the deficient</p>		09/16/2011	

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	<p>and prevention following the confirmation 1 of 1 residents in a sample of 3 had a history of C-diff. (Resident #5)</p> <p>Finding includes:</p> <p>The record of Resident #5 was reviewed on 08/10/11 at 1:55 p.m. Resident #5 was admitted to the facility on 11/07/08 with diagnoses including, but not limited to: dementia, hypertension, osteoporosis, anxiety, and recurrent UTI's (urinary tract infections). The resident had a history of C-diff (Clostridium Difficile: infection found in feces). Review of Resident #5's MAR (Medication Administration Record) indicated current medications including, but are not limited to, Flagyl 250 mg TID (three times daily) for history of C-diff.</p> <p>Resident #5 was observed, on 08/10/11 between 10:00 a.m. and 3:45 p.m., and on 08/11/11 between 8:30 a.m. and 11:15 a.m., wandering in common areas and requiring frequent redirection.</p> <p>Review of "Resident Services Notes, dated 06/15/11-08/04/11, indicated: "06/15/11: Was found in hallway c (with) pants down and attempting to defecate-redirected to room and CNA (Certified Nurses Assistant) toiletied." "06/21/11 3 p.m. As above and CNA and</p>		<p>practice? Resident #5 was seen by a physician and labs drawn. Tests determined she was not Cdiff positive alleviating the risk concern. The physician continues to follow resident #5. Her records have also been reviewed by the facility's medical director and she is scheduled to see a Gastro-Intestinal specialist in the near future. House physician also continues to monitor her condition. Facility staff was in-serviced on Cdiff infection control procedures. Facility procedures were updated and appropriate disinfectant put in place for use, as needed. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The Regional Director of Quality and Care Management audited clinical records as part of facility review. No other concerns were identified. What measures will be put into place or systemic changes made by the facility to ensure that the deficient practice does not recur? The staff were re-educated regarding infectious conditions, how they are transmitted, and methods to prevent transmission. In the case of C. Diff, the staff, resident if able to understand, and family will be educated regarding prevention of the spread of this disease process by using proper hand</p>		

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	<p>writer gave shower to resident p (after) she smeared BM (bowel movement) all over."</p> <p>"07/07/11 1330 (1:30 p.m.) Assessed per nurse. Resident w (with)/dementia et (and) loose stools-strong odor. Health issues d/t (due to) takes clothes off et (and) feces on floors & chairs. Call to (resident's physician) for C-diff order et tx (treatment). Nurse informed staff to ask family for clothing (one piece) so she can't pull down when out in public areas."</p> <p>"07/12/11 Res (resident) went to the hospital for possibility of C-diff."</p> <p>"07/20/11 Order rec'd (received) for Immodium (anti-diarrhea medication) for diarrhea from (physician's name)."</p> <p>"07/21/11 (Corporate Physician's name) in and examined resident."</p> <p>"08/05/11 C-diff culture neg."</p> <p>"08/09/11 Doing much better. Stools are of a mushy consistency more often. Less loose stools. Will be going to a GI (gastro-intestinal) specialist in Sept.)"</p> <p>Review of a "SHORT TERM MONITOR/CHANGE OF CONDITION REPORT", indicated:</p> <p>"07/12/11 Chronic diarrhea with multiple involuntary stools throughout the building as she disrobes at times.</p> <p>Interventions Initiated: Orders, Treatments, Meds, Diet, Staff Direction/Documentation Instructions:</p>			<p>washing, the use of gloves and appropriate cleaning procedures. The staff will be re-educated regarding the procedure for cleaning bathrooms, common areas and areas that may become contaminated. Residents will be monitored via regular nurse assessments. Any changes of condition or infection concerns will be addressed and physician notified for appropriate intervention and treatment. If a concern is identified, the Wellness Director and licensed nurses will oversee the monitoring of the resident with a potential infectious issue. They will also implement a system for educating staff, residents and family regarding the specific infection concern and implement procedures to prevent transmission. The facility will also conduct regular in-services and training on infection control procedures for new and current employees. How will the corrective action be monitored to ensure the deficient practice will not recur? The Residence Director and/or Wellness Director will ensure that residents are monitored for infectious conditions. When concerns are identified the Directors will provide education and ensure systems are in place to limit exposure of the infection. The Wellness Director and/or nurse will further consult with physician and corporate nursing support</p>			

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	<ol style="list-style-type: none"> 1. Vancomycin-Administer as ordered. 2. Avoid dairy products but offer fluids on a regular schedule. 3. Double brief (underwear) her to avoid leakage. 4. Daughter to obtain with fasteners in the back to prevent disrobing. 5. Turn clothing with fasteners in the back to prevent disrobing. 6. Use psychotropic medication on a regular basis rather than PRN so that there is a blood level in order to achieve control of her anxiety. 7. Keep fingernails short and clean. 8. Use hand sanitizer on her hands prior to her coming into the commons area or dining room. 9. Wash her hands frequently." <p>The Regional WD (Wellness Director) provided an "IN-SERVICE TRAINING SUMMARY", DATED 0805/11 for infection control. The Regional WD indicated the inservice was presented by the WD of another facility in the corporation. The packet contained information on: standard precautions, including infection and bloodborne pathogens prevention and control. The inservice content did not contain any information on C-diff. The most recent inservice prior to the 08/05/11 inservice occurred 01/2011. The attendance record indicated 4 of 20 facility employees</p>		staff as needed to ensure compliance. The Wellness Director will also maintain an Infection Tracking Log. The log will be faxed to the Regional Director of Quality and Clinical Services monthly for review. Any concerns will be promptly addressed and additional interventions and training provided as needed. The Residence Director and/or Wellness Director will also review the log data at facility's quarterly Q.A.&A meeting. This oversight will be ongoing.		

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	<p>attended the inservice and included 1 QMA (Qualified Medication Assistant), 2 CNA's (Certified Nursing Assistant), and the Activity Assistant.</p> <p>The Regional WD indicated all other employees were given a packet of the inservice content to review on their own time. The Regional WD indicated C-diff was to be covered when the facility had a resident with a positive diagnosis of C-diff. No policy & procedure was available for review. The facility did not have a Wellness Director at the time of the survey.</p> <p>Staff members were interviewed, on 08/11/11 at 8:30 a.m., during the "Stand-up morning meeting" (entire staff reviewing facility and residents concerns). The five staff present represented Marketing, Housekeeping, Dietary, QMA, and PSA (Personal Service Assistant: CNA). The staff members were queried in regards to what practices were used in resident care and cleaning of equipment and/or hard surfaces for resident's with C-diff. All five staff members indicated they would utilize universal precautions and clean equipment and/or hard surfaces with QUAT cleaner (a non-bleach cleaning solution.) The staff indicated they were to use no bleach or bleach containing products without direct approval of the corporate offices. All five</p>						

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R0408	<p>staff members indicated a resident with a recent history of C-diff resided in the facility and required frequent monitoring for loose stools.</p> <p>This state residential finding was cited on 6/16/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>(c) Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission.</p> <p>Based on record review and interviews, the facility failed to ensure a chest x-ray was completed prior to admission for 1 of 1 newly admitted residents in a sample of 3. (Resident #1)</p> <p>Finding includes:</p> <p>The record of Resident #1 was reviewed on 08/10/11 at 11:45 a.m. Resident #1 was admitted to the facility on 07/15/11 with diagnoses including, but not limited to, hypertension, CAD (coronary artery disease), and Alzheimer's dementia. Review of the record indicated a radiology report for a chest x-ray was completed on 07/26/11.</p> <p>Interview with the Regional WD (Wellness Director), on 08/10/11 at 3:40</p>			R0408	<p>R 408 – Infection Control Program: Chest X-ray prior to Admission of New Resident</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The nurse obtained a chest x-ray of Resident #1. He was negative. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The facility nurse reviewed current resident charts and determined that the residents had the required chest x-ray. What measures will be put into place or systemic changes made by the facility to ensure that the deficient practice does not recur? Beardsley House has an admission process in place that</p>		09/02/2011

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	<p>p.m., indicated Resident #1 should have received a chest x-ray prior to admission. A policy was not provided by the facility.</p> <p>This state residential finding was cited on 6/16/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			<p>includes providing documentation of a chest x-ray completed in the past 6 months. The facility uses a check list of items needed prior to move in to help confirm that all required items have been provided. The Residence Director and Wellness Director will be responsible to ensure that each new admissions has a completed chest x-ray prior to or at time of admission. Results will be placed in the resident's clinical record.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur? The Residence Director and/or Wellness Director will be responsible to ensure that each new admissions has a completed chest x-ray prior to or at time of admission. Results will be placed in the resident's clinical record. The Directors will refer to a move in checklist that will include confirming that a chest x-ray has been obtained and is clear. The Regional Director of Quality and Care Management will review new admission paperwork as part of a routine site visit every 30-45 days to ensure that admission chest x-rays are in place. The Residence Director and/or Wellness Director will also review the data at facility's quarterly Q.A.&A meeting. This oversight will be ongoing.</p>			

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R0410	<p>(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.</p> <p>(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interviews, the facility failed to ensure a 2nd step TB (tuberculosis) test was completed for 1 of 1 newly admitted residents reviewed in a sample of 3. (Resident #1)</p> <p>Finding includes:</p> <p>The record of Resident #1 was reviewed on 08/10/11 at 11:45 a.m. Resident #1 was admitted to the facility on 07/15/11 with diagnoses including, but not limited to, hypertension, CAD (coronary artery disease), and Alzheimer's dementia. Review of the "Vaccine Administration</p>		R0410	<p>R 410 – Infection Control Program: Resident TB Mantoux Test What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The nurse obtained a TB Mantoux test of Resident #1. He was negative. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The facility nurse reviewed current resident health records to ensure that everyone had received the required TB Mantoux tests. Any</p>		09/23/2011	

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	<p>Record for Adults", on 08/11/11 at 10:30 a.m., indicated Resident #1 received a Mantoux (TB test) on 07/18/11. There was no evidence Resident #1 had received a TB test within the 12 months prior to admission. The record indicated no further TB testing was completed for Resident #1.</p> <p>The RD (Residential Director) was interviewed on 08/11/11 in regards to the TB testing. The RD indicated being unaware Resident #1 did not receive a 2nd step TB test. No facility policy was available for review.</p>		<p>concerns were promptly addressed. What measures will be put into place or systemic changes made by the facility to ensure that the deficient practice does not recur? Beardsley House has an admission process in place that includes providing documentation of a Mantoux TB test, or administering one to the resident as part of the new admission process. The Wellness Director will track the required Mantoux TB testing using a corporate tracking log to ensure that tests are completed timely for new residents and that the required yearly Mantoux TB test is also completed for ongoing current residents. Results will be maintained as part of the resident's clinical record. Also as noted the facility's Residence Director has arranged for the licensed nursing staff to receive their TB certification and training so the facility can administer and read Mantoux TB tests on site. How will the corrective action be monitored to ensure the deficient practice will not recur? The Residence Director and Wellness Director will be responsible to ensure that new admissions have a completed Mantoux TB test prior to or as part of the admission process. Results will be placed in the resident's clinical record. The Regional Director of Quality and</p>		

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					Care Management will review new admission paperwork as part of a routine house visit every 30-45 days to ensure that resident Mantoux TB tests are completed. The Residence Director and/or Wellness Director will also review the data at facility' s quarterly Q.A.&A meeting. This oversight will be ongoing.		